# **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

Change in Company's premium or rate level	produced by rate revision effective	11-01-2005
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	volume (minors)	Change (1 Or 4
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto	\$3,005.06	
4. Burglary and Theft		
5. Fidelity		
7. Surety	<del></del>	
		<u> </u>
9. Fire	·	
10. Extended Coverage 11. Inland Marine		
11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify: !	No
Brief description of filing. (If filing follows Terrorism charge is now included in the Dire		cify organization): <u>Certified Acts of</u>
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	n will result from application of new rates.	
	ماماله ۸	Incurence Company
	Addison N	Insurance Company ame of Company
	Loraine A	Kelty - Product Analyst
		Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

AUG 19 2005

SPRINGFIELD, ILLINOIS

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#### **SUMMARY SHEET**

	hange in Company's premium or rat	e level produced by rate revision effective	11/01/2005
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent <a href="#">Change (+ or -)**</a>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
_,	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$628,965	-0.4%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does fili	ing only apply to certain territory (to	erritories) or certain classes? If so, specify:	

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Alea North America Insurance Co
Name of Company

AUG 0 4 2005

SPRINGFIELD, ILLINOIS

- \* Adjusted to reflect all prior rate changes
- \*\* Change in Company's premium level which will result from application of new rates

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SPRINGFIELD, ILLINOIS

	The American Insurance Company
	Name of Company
€	French for the
	Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premi	um or rate level produced by rate revision effective _	November 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Priva     Passenger Commerce	cial	
<ol><li>Automobile Physical Dar Private Passenger C</li></ol>	•	
3. Liability Other Than Auto	commercial	
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
<ol> <li>Fire</li> <li>Extended Coverage</li> </ol>		
11. Inland Marine		· · · · · · · · · · · · · · · · · · ·
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance	ce	
Brief description of filing. (If f	ain territory (territories) or certain classes? If so, specification of the control of the control of the changes.	y organization):
*Adjusted to reflect all prior ra **Change in Company's pren	mium level which will result from application of new ra	risure Insurance Company
		Name of Company
	Joan W	alters – Compliance Analyst I *
		DIVILION OF INCULANCE



## **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate leve	el produced by rate revision effective	November 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial  2. Automobile Physical Damage		
Private Passenger Commercial 3. Liability Other Than Auto	2,004,403	-9.9%
4. Burglary and Theft	2,001,100	
5. Glass		
e Eidelik.		
O. Dallas and Machinem.		
O Fine		
10 Extended Coverses		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (te	rritories) or certain classes? If so, specify	: <u>No</u>
Brief description of filing. (If filing follows ra	tes of an advisory organization, specify o	rganization):
Adopt LC in ISO filing designation GL-200	5-BGL1 with no other changes.	· · · · · · · · · · · · · · · · · · ·
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level whi	ch will result from application of new rates	S.
		Mutual Insurance Company
		Name of Company
	,	0
	Joan Walte	ers – Compliance Analyst I
		Official – Title



Insurer Name:_	Associated Indemnity Cor	rporation		NAIC Number	21865
Farm (Dr. 0)				EXHIBI	ТА
Form (RF-3)		SUMMARY S	<u>HEET</u>		
Change in revision ef	Company's premium or rate	e level produced b December	1, 2005	·	
	(1) overage	Annual	2) Premium (Illinois) *	(3) Percen Change (+c	
Comr 2. Automobile	te Passenger nercial e Physical Damage				
Comr	te Passenger mercial ther Than Auto and Theft	1,262,301	-	-8.4%	
<ol> <li>Fidelity</li> <li>Surety</li> <li>Boiler and</li> <li>Fire</li> </ol>	·				
<ul><li>10. Extended</li><li>11. Inland Ma</li><li>12. Homeown</li><li>13. Commercial</li></ul>	rine ers			-	
14. Crop Hail 15. Other	Line of Insurance			-	
Does filing only classes? If so	y apply to certain territory ( to, specify: NO	erritories) or certai	n		
				erence # GL-2005-BG	L1,
** Change in	to reflect all prior rate change n Company's premium level n application of new rates				***************************************
				ated Indemnity Corpor	ation
	DIVISION OF INSU STATE OF ILLINOIS/ RECELV		N Service and Properties	lame of Company	
	AUG 2 9 20	l l		Official - Title	·

SPRINGFIELD, ILLINOIS

	Change in Company's prei	mium or rate level produced by	y rate
	revision effective	10/1/2005 .	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Iffinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto	381,797	-0.6%
4.	Burglary and Theft		
5.	Glass	AMAN TO THE RESIDENCE OF THE PERSON OF THE P	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Line of Insurance		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If se	o, specify:
Т	nis filing applies only to Farm Equipme	ent Dealers. See Summary Page	1 for a breakdown of
	no ming approve only to t and Equipmo		
pı	oposed changes.		
Brie	f description of filing. (If filing follows i	rates of an advisory organization,	, specify organization):
_R	evising Type of Business Factors.		

- \* Adjusted to reflect all prior rate changes.
  \*\* Change in Company's premium level which will result from application of new rates.



Name of Company Federated Service Insurance Company Peter Kehler Vice President Official - Title

	Change in Company's pre	mium or rate level produced	by rate
	revision effective	9/1/2005 .	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto	381,797	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
15.	Other		STATE OF ILLINOIS/IDEP
	Line of Insurance		RECE
			JUL 2 5 2005
Doe	es filing only apply to certain territory (	territories) or certain classes? If	sd. specify:
			- WOTELD ILLINOIS
<u></u>	his filing applies only to Farm Equipme	ent Dealers. See Summary Pag	je 1 for abbreakdown of
_pı	roposed changes.		
Brie	ef description of filing. (If filing follows	rates of an advisory organizatio	n, specify organization):
_R	evising Type of Business Factors, add	ding new class codes to base ra	tes, rules, and forms.
** C	Adjusted to reflect all prior rate cha change in Company's premium level will result from application of new rates	hich	
•		Federated Se	rvice Insurance Company ne of Company
		1	4.11
		Peter 1	President
			Official - Title

Insurer Name: Fireman's Fund Insur	ance Company	NAIC Number 21873
Form (RF-3)		EXHIBIT A
· o.m. (ru: o)	SUMMARY SHEET	
Change in Company's premium or revision effective	rate level produced by rate December 1, 2005	
(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change ( + or - ) **
<ol> <li>Automobile Liability         <ul> <li>Private Passenger</li> <li>Commercial</li> </ul> </li> <li>Automobile Physical Damage         <ul> <li>Private Passenger</li> </ul> </li> </ol>		
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity	873,664	-3.3%
<ol> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> </ol>		
<ul><li>11. Inland Marine</li><li>12. Homeowners</li><li>13. Commercial Multi-Peril</li><li>14. Crop Hail</li><li>15. Other</li></ul>		
Line of Insurance	<del></del>	
Does filing only apply to certain territor classes? If so, specify: NO	y ( territories) or certain	
Brief description of filing. ( If filing follo organization, specify organizations ): and revising LCMs.		st Reference # GL-2005-BGL1,
* Adjusted to reflect all prior rate ch     ** Change in Company's premium le     result from application of new rate	evel which will	
	Fire	man's Fund Insurance Company
DIVISION OF INSTATE OF ILLING	SURANCE DIS/IDFPR VED	Name of Company
AUG 2 9	\ <del></del>	Official - Title

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective: January 1, 2006 (1) (2)

(3)

Coverage **Annual Premium** Percent Volume (Illinois)\* Change (+ or -)\*\*

1. **Automobile Liability** Private Passenger Commercial

2. Automobile Physical Damage

Private Passenger Commercial

3. Liability Other Than Auto

\$410,013 12-31-04

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

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SPRINGFIELD, ILLINOIS

+4%

4. **Burglary & Theft** 

5. Glass

6. **Fidelity** 

7. Surety

8. Boiler & Machinery

9. Fire

10. **Extended Coverage** 

11. Inland Marine\_

12. Homeowners

13. Commercial Multi-Peril

14. Crop Hail

15. Worker's Compensation

16. Other:

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? Contractors If so, specify: Revises Commercial General Liability Contractors Commercial Package Modification Factor

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are revising the Commercial General Liability Commercial Package Program Factor for Contractors

IMT Insurance Company (Mutual) Name of Company

Anita Lee, CPCU, ARP, Senior Compliance Analyst, Research & Development Official - Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

_	National Surety Corp	oration	NAIC Number 21881
			EXHIBIT A
Orm (K۲-3)		SUMMARY SHEET	
Change in	Company's premium o	r rate level produced by rate	
revision ef		December 1, 2005	<u> </u>
,	(1)	(2)	(3)
		Annual Premium	Percent
Co	overage	Volume (Illinois) *	Change ( + or - ) **
. Automobil	e Liability te Passenger		
	nercial		
	e Physical Damage		
	te Passenger		
	mercial		
	ther Than Auto	1,677,624	-0.1%
. Burglary a	and Theft		
. Glass			
. Fidelity			
<ul><li>Surety</li><li>Boiler and</li></ul>	Mochinory		
. Boilei and . Fire	i Macinilei y	<del></del>	
. Fire D. Extended	Coverage		
i. Inland Ma	<del>-</del>		
2. Homeowr	ners		
3. Commerc	ial Multi-Peril		
4. Crop Hail			
5. Other			
	Line of Insurance		
oes filing onl lasses? If so		ry ( territories) or certain	
rganization, s		ows rates of an advisory Adopting ISO's Loss Cost R	eference # GL-2005-BGL1,
and revis			
Adjusted * Change i	to reflect all prior rate c n Company's premium l m application of new rat	level which will	<del>1-1-1-</del>
Adjusted Change i	n Company's premium l	level which will es	lational Surety Corporation
Adjusted Change i	n Company's premium l	level which will es	lational Surety Corporation
Adjusted * Change i	n Company's premium l m application of new rat	level which will res	Name of Company
Adjusted * Change i	n Company's premium I m application of new rat	level which will res	Name of Company
Adjusted * Change i	n Company's premium I m application of new rat	level which will res	Name of Company
Adjusted * Change i	n Company's premium Imapplication of new rate	SION OF INSURANCE ATE OF ILLINOIS/IDEPR	Name of Company
Adjusted * Change i	n Company's premium Imapplication of new rate	level which will res	Name of Company
Adjusted * Change i	n Company's premium Imapplication of new rate	SION OF INSURANCE ATE OF ILLINOIS/IDEPR	Name of Company

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	(1)	(2) Annual Premium	(3) Percent
	Coverage	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	\$1,454,515 [12-2004]	-15%
3. 4.		\$1,434,313 [12-2004]	-1370
4. 5.	Burglary and Theft Glass		<del>_</del>
		<del></del>	
6.	Fidelity		
7.	Surety		<del></del>
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		<u> </u>
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Line of Insurance	_	
No	iling only apply to certain territory (t	erritories) or certain classes? If so	s, specify:
	lescription of filing. (If filing follow ction of Base Premises and Product	ratec by 15%	, specify organization):
* A	ljusted to reflect all prior rate change	•¢	
	ange in Company's premium level v		
	sult from application of new rates.		
	• •	ETHANOE	
	1101	AN OF MOIS IDEA	
	P DIVIS	で呼ばい	
	1 - SIM		D 16:11 T
	\ A	2005	Penn Millers Insurance Company
	\ A	BN DE INCUERABLE TE OF ILLINOIS IDEAS TO 2005	Name of Company
	\	NIG 3 0 5	
	\	NIG 3 0 5	
	\	NIG 3 0 5	Name of Company
	\	NIG 3 0 5	Name of Company  Crystal R. Kravits, Manager
<del>1</del> 2921	9	AUG 3 0 2005  SPRINGFIELD, ILLINOIS	Name of Company

Form (RF-3)

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3. 4. 5.	Liability Other Than Auto Burglary and Theft Glass	6.9%	\$388,577
6. 7.	Fidelity Surety		
	Boiler and Machinery Fire Extended Coverage		
-	Homeowners Commercial Multi-Peril		
14. 15.			
	Line of Insurance s filing only apply to certain territory(ies) or certain, specify:		DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR  AUC 0.0
Brie	f description of filing. (If filing follows rates of ar	n advisory	AUG 0 8 2005
	nization,specify organization):  otion of ISO February 2005 loss costs and various	ous ISO and independent changes	SPRINGFIELD, ILLINOIS
*	Adjusted to reflect all prior rate changes. Change in Company's premium level which winew rates.	Il result from application of	
			ual Insurance Company Company
			pervisor, State Filings at - Title

Form (RF-3)

	effective: October 15, 2005				
	(1)	(2) Annual Premium	(3) Percent		
	Coverage	Volume (Illinois)*	Change (+ or -)**		
1.	Automobile Liability Private Passenger Commercial				
2.	Automobile Physical Damage Private Passenger Commercial				
3. 4.	Liability Other Than Auto Burglary and Theft	6.1%	\$2,289,970		
5. 6. 7.	Glass Fidelity Surety	-			
8. 9.	Boiler and Machinery Fire				
10. 11. 12.	Inland Marine				
13. 14. 15.	Crop Hail				
	Line of Insurance s filing only apply to certain territory(ies) or certa	in classes? No			
If SO	, specify:				
	f description of filing. (If filing follows rates of an anization, specify organization):  ption of ISO February 2005 loss costs and various		necDiVision of		
	phony or look objectly 2000 look cooks and various	do 100 and maopondont onding	OF INSTIDANCE		
			STATE OF ILLINOIS/IDEPR		
*	Adjusted to reflect all prior rate changes. Change in Company's premium level which will new rates.				
*		result from application of	AUG 0 8 2005		
*	Change in Company's premium level which will	result from application of State Auto Property a	AUG 0 8 2005		

Change in Company's premium or rate level produced by rate revision effective 11/1/05 .

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	247,532	- 9.9
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories)or certain classes?

If so, specify: Changes Premises/Operations (subline Code 334) and Products/Completed

Operations (Subline Code 336) \$100,00/\$200,000 occurrence loss

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO filing, GL-2005-BGL1,

Illinois Revised General Liability Advisory Prospective Loss Costs To Become Effective. The -9.9 change indicated above is the overall effect of change based on this adoption as we are not revising our loss cost multiplier.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



IL 05279

# ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

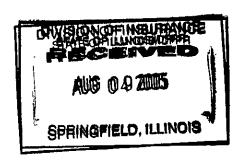
Change in Company's premium or rate level produced by rate revision effective		11-01-2005	
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private     Passenger Commercial			
Automobile Physical Damage     Private Passenger Commercial			
3. Liability Other Than Auto	\$1,816.03	-3%	
<ol><li>Burglary and Theft</li></ol>			
5. Glass			
7. Surety			
Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril		·	
14. Crop Hail			
15. Other Line of Insurance			
Line of Insurance			
Does filing only apply to certain territory (ter	rritories) or certain classes? If so, specify	: <u>No</u>	
Brief description of filing. (If filing follows Terrorism charge is now included in the Dir		pecify organization): Certified Acts of	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	sh will result from application of new rate		
Change in Company's premium level will	or will result from application of fiew rate	o.	
	Hai	ted Fire & Casualty	
		Name of Company	
	Loraine	A Kelty - Product Analyst	
		Official – Title	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

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SPRINGFIELD, ILLINOIS

•	Change in Company's premium or rate	level produced by rate revision effective	ision effective 09/01/2005	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto	Total N/A; NDO 843,239	Total N/A; NDO 6.8%	
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery	DIVISION OF INSURANCE	Œ	
9.	Fire	STATE OF ILLINOIS/IDEPR		
10.	Extended Coverage	RECEIVED		
11.	Inland Marine	AUG 0 9 2005		
12.	Homeowners	AUG U 9 2003		
13.	Commercial Multi-Peril			
14.	Crop Hail	SPRINGFIELD, ILLINOI	s."	
15.	Other	GI TIII GI TELE		
	Line of Insurance			
Yes,		ritories) or certain classes? If so, specify: isks for coverage A and cateogry I and II f	or coverage B as defined by	
Filin		rates of an advisory organization, specify of inclusion of new rating table for higher		
** C	djusted to reflect all prior rate changes. hange in Company's premium level wh sult from application of new rates.			



United States Liability Insurance
Name of Company

Diane Duda - Chief Actuarial Officer
Official - Title